

Second choice of glaciers

<p>UNITED STATES DEPARTMENT OF THE INTERIOR BOARD ON GEOGRAPHIC NAMES WASHINGTON 25, D. C.</p> <p><b>PROPOSAL OF NAME</b> <b>FOR AN UNNAMED DOMESTIC FEATURE</b></p>		<p>Proposed name <b>MATTHES GLACIERS</b></p>
		<p>State <b>Calif.</b> County <b>Fresno</b></p>
		<p>Pronunciation, if not obvious (use Webster's Dictionary symbols)</p>
<p>Location of Feature</p>	<p>Latitude <u>37 ° 13 ' 23-35" N.</u></p>	
	<p>Longitude <u>118 ° 43 ' 43 " W.</u></p>	<p>Co: <u>118 45 6 W.</u></p>
	<p>Section(s) _____, T. <u>8S</u>, R. <u>30-31</u>, _____ Meridian</p>	
<p>Description and extent of feature: Four or five small glaciers or glacierettes sharing a common headwall above Packsaddle and Paine Lakes. They lie on the north side of Glacier Divide. The cluster is about 1.4 miles in extent of headwall. Beautiful view from Desolation Lake.</p> <p style="text-align: center;">Mt. Goddard 15' quad., Calif.</p>		
<p>Distance and direction from prominent features or towns:</p>		
<p>Basis of knowledge that the feature is unnamed:</p>		
<p>Reason for Choice of Name:</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> descriptive</div><div><input type="checkbox"/> other (state reason):</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> for a nearby feature</div><div><input type="checkbox"/> for a person</div></div>		
<p>If the name is descriptive, state why it is appropriate:</p>		
<p>If named for another feature, state for that other feature:</p>		
<p>1. Name _____ Lat. _____ ° _____ ' _____ " N. -- Long. _____ ° _____ ' _____ " W.</p> <p>Section(s) _____, T. _____, R. _____, _____ Meridian</p>		
<p>2. Any known variant spellings or other names:</p>		
<p>3. Number of years known by present name:</p>		
<p>4. Relation of the two features:</p>		

If the name commemorates a person, state:

1. Full name of the person: \_\_\_\_\_  
(do not propose name of a living person)
2. Date of the person's death: \_\_\_\_\_
3. Last residence: \_\_\_\_\_
4. Association, if any, of the person with the feature to be named:

5. Brief biography:

List any  
Attached  
Identification  
Aids

Marked map:  
Marked photographs:  
Other:

**SUBMITTED BY:**

Individual or private organization

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Government agency (State or Federal) ☐

Check appropriate box

Field officer of a mapping agency ☐

Agency \_\_\_\_\_ Date \_\_\_\_\_  
Name and title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_